



Gwen Witten Upchurch, Director (812) 330-7714

## **Sounds of South AUDITION FORM**

Applicant Information					
Name:					
Address:					
City:		Zip:			
Email:	Cell Phone:	1e:		Home Phone:	
Birthday:		High School Graduation Year:			
T-Shirt Size:		Sweatshirt Size:			
Mother/Guardian Informat	ion				
Name:			Email:		
Cell Phone:			Home Phone:		
Father/Guardian Informati	on				
Name:			Email:		
Cell Phone:			Home Phone:		
If either of your parents have a different home address, please provide it below and indicate mother or father:					
Experience					
•					
Do you play any instruments? Yes No If yes, which instruments?					
Do you take voice lessons?	Yes No	If ye:	s, for how long?	Instructor:	
Do you have dance experience?	Yes	No			
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Please respond to the following questions.
What extra-curricular activities to you participate in?
Define leadership.
What do you intend to give to S.O.S?
What sacrifices will you make for S.O.S?
Why do you want to be a part of S.O.S?
Are you able to attend C.O.C. gamm on July (. 10, 2020). Veg. No.
Are you able to attend S.O.S. camp on July 6-10, 2020? Yes No
I understand that if I am invited to join Sounds of South I must be at all rehearsals, participate actively in all fundraising, and work my hardest every day.
Student Signature: